

**Work Order ID 155430**

Monday, January 16, 2017 11:09:49 AM

**\*155430\***

Page 1

Item ID: D4943-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

DAS  
13  
9-89Stop **\*NS2\***

Item Name: Flex Hose

Start Date: 1/18/2017 Start Qty: 25.00

**\*25\***  
**\*25\***

JAN 26 2017

Cust Item ID:

Required Date: 2/1/2017 Req'd Qty: 25.00

Customer:

Reference:

Approvals: Process Plan: DAS Date: JAN 16 2017

Tooling:

Date:

Run Start **\*NR1\***QC: 21  
9-89

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
|----------|--------------|

|       |   |
|-------|---|
| D4943 | C |
|-------|---|

100

0.00

**\*100\***

Purchasing

Purchasing

Memo

Issue P/O: 35013

0.00

Purchase part #: 12EAS12S-03900F

Possible supplier: AERO-FLEX

Certificate of conformity is required

25

JAN 18 2017

DAS  
13  
9-89

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Packaging

Memo

Certificate of conformity is required.

0.08

15x SP17-02-23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                   |  |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |                                                                                                                   |  |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                   |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                   |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                   |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                   |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                   |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                   |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |

Page 2

Monday, January 16, 2017 11:09:49 AM

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

**Cust Item ID:**

**Customer:**

**Reference:**

Run Start \*NR1\*

**Stop** **\*NR2\***

**Insp.**  
**Stamp**

0.00

**\*120\***

0.00

QC

## Memo

### Quality Control

FEB 24 2017

Identify as per dwg & Stock Location: F250 B 0.00

0.00

**\*130\***

0.04

### Packaging

## Memo

### Packaging

MAR 04 2011

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

0.42

QC

## Memo

## Quality Control

MAR 07 2017

**DAS**  
**21**  
**9-89**

MAR 06 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# Picklist Print

Monday, January 16, 2017 11:09:56 AM

Page 1

Work Order ID: 155430

**\*155430\***

Parent Item: D4943-1

**\*D4943-1\***

Parent Item Name: Flex Hose

Start Date: 1/18/2017

Required Date: 2/1/2017

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP REV.A NEW ISSUE JFS 13/09/19 VERIFY BY: DD IPP  
REV.B 14.05.05 AS PER DWG REV.B DD VERF BY:JLM IPP REV:C  
14.06.18 AS PER DWG REV.C DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

12EAS1S2-03900F

Purchased

No

Each

0.0000

**\*12EAS1S2-03900F\***

FLEX HOSE

\*\*

25  
15

15x SP17-02-23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

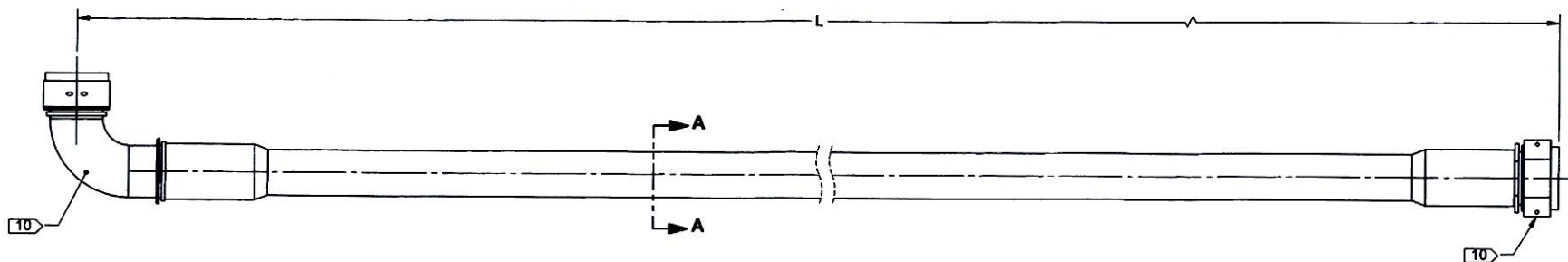
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

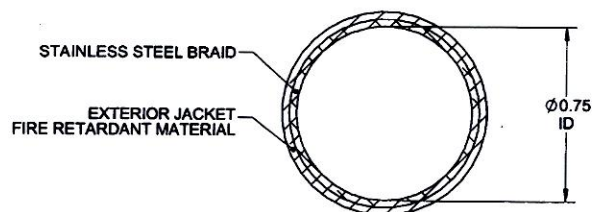
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |



# **SPECIFICATION CONTROL DRAWING**



**D4943-XX FLEX HOSE**



**SECTION A-A  
TUBE BUILD-UP**

| DART P/N | L     | VENDOR    | VENDOR P/N                            | WEIGHT  |
|----------|-------|-----------|---------------------------------------|---------|
| D4943-1  | 40.00 | AERO-FLEX | 12EAS12S-03900F OR<br>12EAS1S2-03900F | 1.3 lbs |



**NOTES:**

- 1) MATERIAL: BRAID: STAINLESS STEEL PER MANUFACTURER  
JACKET: FIRE RETARDANT MATERIAL PER MANUFACTURER  
END FITTING: STAINLESS STEEL PER MANUFACTURER
- 2) FINISH: N/A
- 3) TOLERANCES: N/A
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: PER QSI 044 6.1.
- 7) WEIGHT: SEE TABLE
- 8) MAXIMUM OPERATING TEMPERATURE 500°F
- 9) MAXIMUM OPERATING PRESSURE 120 PSI
- 10) END FITTING REQUIREMENTS: FEMALE, 3/4, 37° JIC FITTING (THREAD 1-1/16 UN), WITH LOCKWIRE HOLES

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 155430 MJS  
1701-16

**RELEASED**  
2014-06-16  
W

|            |                                                                                                                 |                                                                                                                                                                                                                                                                        |              |
|------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REV.       | DESCRIPTION                                                                                                     | BY                                                                                                                                                                                                                                                                     | DATE         |
| C          | SEE CHART ADDED ADDITIONAL ACCEPTABLE P/N                                                                       | AJS                                                                                                                                                                                                                                                                    | 14.05.01     |
| B          | SEE CHART: VENDOR WAS SWAGELOK, VENDOR P/N WAS SS-FJ12TA12AS12-40F. REASON: VENDOR CHANGED FOR LEADTIME ISSUES. | AJS                                                                                                                                                                                                                                                                    | 14.03.14     |
| A          | NEW ISSUE                                                                                                       | AJS                                                                                                                                                                                                                                                                    | 13.09.18     |
| DESIGN     | AS                                                                                                              | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                               |              |
| DRAWN      | AJS                                                                                                             |                                                                                                                                                                                                                                                                        |              |
| CHECKED    | AP                                                                                                              | DRAWING NO.                                                                                                                                                                                                                                                            | REV. C       |
| MFG. APPR. | JLM                                                                                                             | D4943                                                                                                                                                                                                                                                                  | SHEET 1 OF 1 |
| APPROVED   | MP                                                                                                              | TITLE                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   | DSS                                                                                                             | FLEX HOSE                                                                                                                                                                                                                                                              | NTS          |
| DATE       | 14.05.01                                                                                                        | COPYRIGHT © 2013 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMBINED WITH ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

APPROVED

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID PO35013

Purchase Order Date 1/18/2017

PO Print Date 1/26/2017

Page Number 1 of 2

Order From :  
AERO-FLEX CORP  
3147 JUPITER PARK CIR  
JUPITER, FLORIDA 33458  
USA

VU-AFL001

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

E-MAILED

JAN 27 2017

Contact Name  
Vendor Phone 561-745-2534  
  
Ship To Contact  
Ship To Phone  
Ship Via: FedEx Economy collect  
Ship Acct:

Buyer  
Customer POID  
Customer Tax # 10127-2607  
Terms Net 30  
Currency USD  
FOB Destination-Collect

| Line Nbr    | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID   | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|-------------|--------------------------------------------------------------------|--------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1           | 12EAS1S2-03900F<br>AS PER DWG D4943 REV. C<br>B155430              | FLEX HOSE<br>DAS 38 9-89 | 2/28/2017<br>Yes<br>2/28/2017        | FN | 15.00<br>Each                  | \$448.00      | \$6,720.00     |
| Line Total: |                                                                    |                          |                                      |    |                                |               | \$6,720.00     |
| 2           | 12EAS1S2-03900F<br>AS PER DWG D4943 REV. C<br>B155940              | FLEX HOSE                | 6/22/2017<br>Yes<br>6/22/2017        | FN | 15.00<br>Each                  | \$448.00      | \$6,720.00     |
| Line Total: |                                                                    |                          |                                      |    |                                |               | \$6,720.00     |
| 4           | 12EAS1S2-03900F<br>AS PER DWG D4943 REV. C<br>156119               | FLEX HOSE                | 8/31/2017<br>Yes<br>8/31/2017        | FN | 20.00<br>Each                  | \$448.00      | \$8,960.00     |

Note:

Jan 26/2017

**Aero-Flex Corp.**  
3147 Jupiter Park Circle  
Jupiter FL 33458



Phone# 561-745-2534 Fax# 561-745-2537  
www.aero-flex.aero

# Packing Slip

## Certificate of Conformance

|           |           |
|-----------|-----------|
| Date      | Invoice # |
| 2/17/2017 | 2731      |

|                                                                      |                                                                                |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Bill To                                                              | Ship To                                                                        |
| Dart Aerospace Ltd<br>1270 Aberdeen Street<br>Hawkesbury, ON K6A 1K7 | Dart Aerospace Ltd<br>1270 Aberdeen Street<br>Hawkesbury, ON K6A 1K7<br>Canada |

|           |                 |           |               |     |         |
|-----------|-----------------|-----------|---------------|-----|---------|
| AF S.O. # | Customer P.O. # | Ship Date | Via           | FOB | Project |
| PO35013   | PO35013         | 1/30/2017 | Fed Ex Ground |     |         |

| Quantity          | Item | Part Number/Rev | Description                             |
|-------------------|------|-----------------|-----------------------------------------|
| 15                | 1    | D4943-1         | FLEX HOSE ASSEMBLY - AF#12EAS1S2-03900F |
| SP17-0223         |      |                 |                                         |
| DAS<br>38<br>9-89 |      |                 |                                         |

We hereby certify the above parts, including all materials, have been manufactured, tested and packed in conformance with all requirements of your order and the applicable government specifications and standards. Records of tests, inspections and certification indicating the above conformance are on file at Aero-Flex Corp. available for examination. It is hereby certified that any parts identified with TSO identification (a) were produced under Federal Aviation Administration (FAA) approved manufacturing and quality control system/methods as set forth in the FAA issued Technical Standard Order authorizations (TSO), and (b) such parts and/or materials are new and are in condition for safe operation. If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards in this TSO.

It is the responsibility of those desiring to install this hose assembly on an aircraft or engine to determine that the installation will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved. The hose assembly may only be installed in a manner acceptable to, or approved by, the Administrator.

The above commodities are subject to the Export Administration Regulations (EAR) and/or International Traffic in Arms Regulations (ITAR). If applicable, it is your responsibility to obtain a validated export license for this material from the Department of Commerce or the Department of State if so required under the applicable U.S. Govt. Export Control Regulation. The above material shall not be shipped to any country that has an embargo placed on it by the U.S. Govt or any entity on the U.S. Debarred list. By accepting the items on this PackSlip/C of C/Invoice you agree to Aero-Flex Corp's Terms and Conditions of Sale. These commodities, technology or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law is prohibited. These items may not be used directly or indirectly in prohibited nuclear, chemical, biological, or missile weapon activities.

**Michael E. Scott**  
Quality Manager

Form 4QF015-01  
REV B



**Aero-Flex Corporation**  
**3147 Jupiter Park Circle, Ste. 2**  
**Jupiter, Florida 33458**  
**Ph 561.745.2534 Fax 561.745.2537**



**LIQUID PENETRANT EXAMINATION REPORT**

☐ Aerospace ☒ Ground Support

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                        |                                                                    |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>TO</b><br>Dart Aerospace LTD                                                                                                                                   |                                                                                                                                                                                                                                                                                                            | <b>FROM</b><br>Michael Scott                  |                                                                                                                        | <b>DATE</b><br>02/17/2017                                          |                                                                                    |
| <b>PROJECT</b><br>P/N 12EAS1S2-03900F                                                                                                                             |                                                                                                                                                                                                                                                                                                            |                                               |                                                                                                                        |                                                                    |                                                                                    |
| <b>PURCHASE ORDER NO.</b><br>PO35013 Line 1                                                                                                                       |                                                                                                                                                                                                                                                                                                            |                                               | <b>AFC JOB NO.</b><br>STK4669                                                                                          |                                                                    |                                                                                    |
| <b>ITEM</b>                                                                                                                                                       | <input checked="" type="checkbox"/> Weld <input type="checkbox"/> Structural <input type="checkbox"/> Castings <input type="checkbox"/> Machinery <input type="checkbox"/> Pipe <input checked="" type="checkbox"/> Machined Parts    Other: Hose                                                          |                                               |                                                                                                                        |                                                                    |                                                                                    |
|                                                                                                                                                                   | <input checked="" type="checkbox"/> Non-Weld <input type="checkbox"/> Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Bar <input type="checkbox"/> Castings <input checked="" type="checkbox"/> Machined Parts    Other: Hose                                                                 |                                               |                                                                                                                        |                                                                    |                                                                                    |
| <b>MATERIAL</b>                                                                                                                                                   | Size<br>-12                                                                                                                                                                                                                                                                                                | No. of pieces<br>15 Assy                      | Type of Base Metal<br>CRES                                                                                             | Type of Filler Metal<br>CRES                                       | <input checked="" type="checkbox"/> WELD As Welded <input type="checkbox"/> Smooth |
| <b>LOCATION</b>                                                                                                                                                   | Location<br>Aero-Flex Corporation                                                                                                                                                                                                                                                                          |                                               |                                                                                                                        | System<br>AF Quality/Clean Station                                 |                                                                                    |
| <b>Acceptance Standards</b><br>D17.1 CL B                                                                                                                         |                                                                                                                                                                                                                                                                                                            |                                               | <b>Procedure</b><br>ASTM E1417 Type I, Method C, Sensitivity Level 3, Form A                                           |                                                                    |                                                                                    |
| <b>TYPE OF CHECK</b>                                                                                                                                              | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Plate Edge <input type="checkbox"/> In Process <input type="checkbox"/> Back Gouge Root Pass <input type="checkbox"/> Repair <input type="checkbox"/> 24 Hr. <input type="checkbox"/> 7 Day <input checked="" type="checkbox"/> Final |                                               |                                                                                                                        |                                                                    |                                                                                    |
| <b>TYPE OF INSPECTION METHOD</b>                                                                                                                                  | <input type="checkbox"/> Color Contrast <input checked="" type="checkbox"/> Fluorescent Penetrant                                                                                                                                                                                                          |                                               |                                                                                                                        |                                                                    |                                                                                    |
|                                                                                                                                                                   | Pre-Test Cleansing Method/Solution<br>Stainless Wire Brush                                                                                                                                                                                                                                                 |                                               |                                                                                                                        | Penetrant Application Method/Penetrant<br>Brush / Magnaflux ZL-27A |                                                                                    |
|                                                                                                                                                                   | Penetrant Removal Method/Remover<br>Wipe / Magnaflux SKC-S                                                                                                                                                                                                                                                 |                                               |                                                                                                                        | Penetrant Time<br>30 Minutes                                       | Penetrant Specimen/Surface Temperature<br>75°F Ambient                             |
|                                                                                                                                                                   | Penetrant Emulsifier Method/Emulsifier<br>N/A                                                                                                                                                                                                                                                              |                                               |                                                                                                                        | Developer Application Method/Developer<br>Spray / Magnaflux ZP-9F  |                                                                                    |
|                                                                                                                                                                   | Developing Time<br>10 Minutes                                                                                                                                                                                                                                                                              |                                               |                                                                                                                        | Final Cleaning Method/Solution<br>Spray & Wipe / Magnaflux SKC-S   |                                                                                    |
| <b>Reference Summary</b><br>Performed Fluorescent Penetrant Examination of Fitting to Hose Weld at each end of Hose Assembly.<br><br>Customer Drawing D4943 Rev C |                                                                                                                                                                                                                                                                                                            |                                               | <input type="checkbox"/> See Attachment<br><br><b>Results of Inspection</b><br><br>No Relevant Indications were noted. |                                                                    |                                                                                    |
| <b>Copy to:</b><br>Job File                                                                                                                                       |                                                                                                                                                                                                                                                                                                            | <b>Requested By</b><br>Michael Deakter        |                                                                                                                        | <b>Reported By</b><br>Michael E. Scott                             |                                                                                    |
| <input type="checkbox"/> Customer Specifications<br><input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject                                    |                                                                                                                                                                                                                                                                                                            | <b>QA/QC Manager</b><br>Michael E. Scott / LK |                                                                                                                        |                                                                    |                                                                                    |

NOTICE: THIS EXAMINATION REPORT IS A REPORT OF THE RESULTS OF THE NDE PROCEDURES ACTUALLY PERFORMED BY THIS COMPANY. IT IS SUBJECT TO THE LIMITATIONS OF THE TESTING SPECIFICATIONS AND PROCEDURES WHICH WERE UTILIZED. BY FURNISHING THIS REPORT, AERO-FLEX CORPORATION DOES NOT GUARANTEE ANY CONDITION OF THE TESTED SPECIMEN.



**Aero-Flex Corporation**  
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**PRESSURE TESTING / HELIUM MASS SPEC EXAMINATION REPORT**

☐ Aerospace ☒ Ground Support

|                                                                                                             |                                                                                                                                                                                                                                 |                                                                                                                                |                                  |                                                                       |                                                                                       |                    |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------|--|
| TO<br>Aero-Flex Corporation                                                                                 |                                                                                                                                                                                                                                 |                                                                                                                                |                                  | FROM<br>Anthony Petty                                                 |                                                                                       | DATE<br>02/17/2017 |  |
| PROJECT<br><b>AF Dwg:</b> 12EAS1S2-03900F <b>Dwg Rev:</b> - <b>Part:</b> 12EAS1S2-03900F <b>Part Rev:</b> - |                                                                                                                                                                                                                                 |                                                                                                                                |                                  |                                                                       |                                                                                       |                    |  |
| PURCHASE ORDER NO.<br>AF INVENTORY Line 1                                                                   |                                                                                                                                                                                                                                 |                                                                                                                                |                                  | AF ROUTER NO.<br>STK4669                                              |                                                                                       |                    |  |
| ITEM                                                                                                        | <input checked="" type="checkbox"/> Weld <input type="checkbox"/> Castings <input checked="" type="checkbox"/> Pipe <input type="checkbox"/> Machined Parts                                                                     |                                                                                                                                | Other<br>Hose                    |                                                                       |                                                                                       |                    |  |
|                                                                                                             | <input checked="" type="checkbox"/> Non-Weld <input type="checkbox"/> Castings <input checked="" type="checkbox"/> Pipe <input type="checkbox"/> Machined Parts                                                                 |                                                                                                                                | Other<br>Hose                    |                                                                       |                                                                                       |                    |  |
| MATERIAL                                                                                                    | Size<br>3/4"                                                                                                                                                                                                                    | No. of pieces<br>15                                                                                                            | Type of Base Metal<br>AUSS       | Type of Filler Metal<br>P8                                            | WELD<br><input checked="" type="checkbox"/> As Welded <input type="checkbox"/> Smooth |                    |  |
| LOCATION                                                                                                    | Location<br>Aero-Flex Corporation                                                                                                                                                                                               |                                                                                                                                |                                  | System<br>PT-001                                                      |                                                                                       |                    |  |
| Acceptance Standard<br>CUSTOMER                                                                             |                                                                                                                                                                                                                                 |                                                                                                                                |                                  | Procedure<br>AF 2QP024                                                |                                                                                       |                    |  |
| TYPE OF CHECK                                                                                               | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> In Process <input type="checkbox"/> Rework <input type="checkbox"/> 24 Hr <input type="checkbox"/> 7 Day <input checked="" type="checkbox"/> Final         |                                                                                                                                |                                  |                                                                       |                                                                                       |                    |  |
| TYPE OF INSPECTION METHOD                                                                                   | <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Bubble Test <input type="checkbox"/> HMST-Pressurized Components <input type="checkbox"/> HMST-Evacuated Components |                                                                                                                                |                                  |                                                                       |                                                                                       |                    |  |
|                                                                                                             | Test Pressure/Vacuum<br>180 PSIG                                                                                                                                                                                                |                                                                                                                                | Test Temperature<br>75°F Ambient |                                                                       | HMST Test Instrument<br>N/A                                                           |                    |  |
|                                                                                                             | Test Medium/Concentration<br>Potable Tap Water                                                                                                                                                                                  |                                                                                                                                | Bubble Solution<br>N/A           |                                                                       | HMST Standard Leak<br>N/A                                                             |                    |  |
|                                                                                                             | Gage Mfr.<br>McDaniel                                                                                                                                                                                                           | Model<br>FIP-GF                                                                                                                | Range<br>0-3000 PSIG             | ID Number<br>AFCG302                                                  | Tracer Gas/Concentration<br>N/A                                                       |                    |  |
|                                                                                                             | Soak Time/Test Holding Time<br>10 Minutes Minimum                                                                                                                                                                               |                                                                                                                                |                                  |                                                                       | HMST Sensitivity Acceptance<br>N/A                                                    |                    |  |
| Reference Summary<br>CUTOMER DRAWING                                                                        |                                                                                                                                                                                                                                 |                                                                                                                                |                                  | Results of Inspection<br>Satisfactory/Pass<br>No Leaks were Detected. |                                                                                       |                    |  |
| CopyTo: AF File                                                                                             |                                                                                                                                                                                                                                 | Requested By<br>PO Contract                                                                                                    |                                  | Reported By<br>Anthony Petty                                          |                                                                                       |                    |  |
|                                                                                                             |                                                                                                                                                                                                                                 | <input type="checkbox"/> Customer Specifications<br><input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject |                                  | Quality Designee<br>Michael Scott                                     |                                                                                       |                    |  |

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